

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: photo Quest Adventures, Inc

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 2760 Elaine Street, Bellmore, NY 11710

Name of Agent Designated to Receive Notification of Claimed Infringement: Miriam EVENS

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

2760 Elaine Street, Bellmore, NY 11710

Telephone Number of Designated Agent: (646) 596-8464

Facsimile Number of Designated Agent: (646) 596-8458

Email Address of Designated Agent: miriam@photoquestadventures.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/5/07

Typed or Printed Name and Title: _____

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to: **SCANNED 12-11/2007**

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

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